24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E) PAGE 1 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			
ı	HE CONSERVATIVE STRIKEFORCE	C C00457291	
Check if 24-hour report 48-hour report New report Amends report filed on			
	Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination 04 02 VIVIYIVI 2014
	Mailing Address 385 AVERY LN		Amount
	City State	Zip Code	344.39
	MEDINA OH	44256	Transaction ID : SE.68513 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	04 02 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	MARK BEGICH	Oppose	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought	344.39	Disbursement For:
	Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination
			04 02 7 2014
	Mailing Address 385 AVERY LN		Amount
	City State	Zip Code	1416.27
	MEDINA OH	44256	Transaction ID : SE.68514 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	04 / DD / Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
	MARK L PRYOR	Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1416.27	Disbursement For: Primary General 2014 Other (specify) ▶
() QUIDTOTAL ()			
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
		ically Filed] Date	04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		